

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/673795

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
2	/			
3	6			
4	6			
5	/			
6	6			
7	6			
8	6			
9	6			
10	6			
11	6			
12	6			
13	6			
14	6			
15	6			
16	6			
17	6			
18	6			
19	6			
20	6			
21	6			
22	6			
23	6			
24	6			
25	6			
26	6			
27	6			
28	6			
29	6			
30	6			
31	6			
32	6			
33	6			
34	6			
35	6			
36	6			
37	6			
38	6			
39	6			
40	6			
41	6			
42	/			
43	/			
44	/			
45	/			
46	/			
47				
48				
49				
50				
TOTAL IND.	3	↓	↓	↓
TOTAL DEP.	43	←	←	←
TOTAL CLAIMS	46			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
55								
56								
57								
58								
59								
60								
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.		↓						
TOTAL DEP.		←						
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS